3235-0076

Serial

May 31, 2005

16.00

OMB Approval

Estimated average burden hours

OMB Number

per response

Actual

Estimated

Expires:

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

**FORM D** 

Actual or Estimated Date of Incorporation or Organization:

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY Prefix DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION					
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)					
Limited Partnership Interests					
Filing Under (Check box(es) that apply):	Section 4(6) ULOE				
Type of Filing: New Filing Amendment					
A. BASIC IDENTIFICATION DATA	18   18   18   18   18   18   18   18				
Enter the information requested about the issuer					
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)					
OSPREY OPPORTUNITY FUND, L.P.	04005537				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)				
250 East 54th Street, New York, NY 10022	(212) 808-4800				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (including Area Code)				
Brief Description of Business					
Type of Business Organization					
☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	other (please specify):				

Year

0

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## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

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When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## ATTENTION

are to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the opriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is licated on the filing of a federal notice.

	1		
A. BASIC IDEN	TIFICATION DATA		
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized with the issuer;</li> <li>Each beneficial owner having the power to vote or dispose, or the issuer;</li> <li>Each executive officer and director of corporate issuers and of the Each general and managing partner of partnership issuers.</li> </ul>	direct the vote or disposition of,		
Check Box(es) that Apply:  Promoter  Beneficial Owne	r Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
OSPREY GROUP ASSET MANAGEMENT, LLC (the "LL			
Business or Residence Address (Number and Street, City, State, Zip Co 250 East 54th Street, New York, NY 10022	de)		
Check Box(es) that Apply: Promoter Beneficial Owner	r 🛛 Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  ARAIZ, J. MICHAEL (Officer and Managing Memb	er of LLC)		
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
250 East 54th Street, New York, NY 10022			
Check Box(es) that Apply: Promoter Beneficial Owne	r 🛛 Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  BENNETT, MATTHEW (Officer and Manager of LLC)	`		
Business or Residence Address (Number and Street, City, State, Zip Co			
250 East 54th Street, New York, NY 10022	,ue)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
KNAUER, JULIE (Officer of LLC)			
Business or Residence- Address (Number and Street, City, State, Zip C	ode)		
250 East 54th Street, New York, NY 10022			
Check Box(es) that Apply: Promoter Beneficial Owne	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

Managing Partner

B. INFORMATION ABOUT OFFERING															
1.	Has the	issuer sold or	does the	issuer int	end to se	ll, to non-	accredite	d investo	rs in this	offering?	***			Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.								Li	$\boxtimes$					
	What is the minimum investment that will be accepted from any individual?														
	*The General Partner has the discretion to permit a lesser amount										\$ 500	,000*			
2.	Does the offering permit joint ownership of a single unit?								Yes	No					
														$\boxtimes$	L
3.	3. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											N/A			
Ful	Name (1	Last name firs	t, if indiv	idual)	-										
Bus	iness or	Residence Ad	dress (Ni	ımber and	Street. C	City. State	. Zip Coc	ie)			-				
			a. 555 (2 /-			,,	,	,							
Nar	ne of Ass	sociated Broke	er or Dea	ler											
		ich Person Li States" or che							••••	· · · · · · · · · · · · · · · · · · ·	******			All States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Ful	l Name (	Last name firs	t, if indiv	ridual)											
Bus	siness or	Residence Ad	dress (Ni	ımber and	Street, C	City, State	, Zip Coo	de)		. , ,		<del></del>	**		
Nor	no of Ass	sociated Broke	or or Doo	lor											
inai	HE OF AS	socialed Blok	ei oi Dea	ICI											
		nich Person Li States" or che												All States	
(	[AL]			[AR]										7111 Otates	
	[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]		
Ful	l Name (	Last name firs	t, if indiv	ridual)											<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)															
Nar	ne of Ass	sociated Brok	er or Dea	ler								· · · · · · · · · · · · · · · · · · ·			
Sta	tes in Wh	nich Person I i	sted Hac	Solicited	or Intend	e to Solie	it Durcha	carc							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										All States					
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]		
	[TM]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total

	Type of Security		ggregate ering Price	Ar Alres	ady Sold
	Debt	\$	unlimited	\$	iay bola
	Equity	\$		s —	<del></del>
	Equity	<b>~</b> -		Ψ	
	☐ Common ☐ Preferred	-			
	Convertible Securities (including warrants)	\$_		\$	
	Partnership Interests	\$_	·	\$ 10,	984,000
	Other (Specify)	\$_	<u>-</u>	\$	_
	Total	\$_	unlimited_	\$ <u>10,</u>	984,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Dolla	gregate r Amount urchases
	Accredited Investors	_	14	\$ <u>1</u>	0,984,000
	Non-accredited Investors		0_	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 3, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	N	/ <b>A</b>		
	Type of offering		Type of Security		Dollar ount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$ -	N/A
	10(2)	_	14/21		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the		\$		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	10,000	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fee.	⊠	\$ <u>_</u>	10,000	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fee.  Printing and Engraving Costs	⊠ ⊠	\$ <u>_</u>		0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fee.  Printing and Engraving Costs.  Legal Fees.	⊠ ⊠	\$ _ \$ _ \$ _	40,00	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fee  Printing and Engraving Costs.  Legal Fees  Accounting Fees	\ <u>\</u>	\$ _ \$ _ \$ _ \$ _	40,00	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fee.  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.  Engineering Fees.		\$ _ \$ _ \$ _ \$ _ \$ _	40,00	0

		Enter the difference between the aggr Part C-Question 1 and total expenses 4.a. This difference is the "adjusted g	furnished in response to I	Part C-Question			\$	indeterminate		
5.	propo is not total	ate below the amount of the adjusted to be used for each of the purpose known, furnish an estimate and checof the payments listed must equal the in response to Part C-Question 4.b. all	es shown. If the amount k the box to the left of the adjusted gross proceeds	for any purpose e estimate. The						
				Σ.		Payments to Officers, Directors, & Affiliates		Payments to Others		
		Salaries and fees (brokerage and advi-	-			indeterminate	- 📙	\$		
		Purchase of real estate					. 님	\$		
		Purchase, rental or leasing and install	· ·	· ·			. 님	\$		
		Construction or leasing of plant build	-		\$		لـا.	\$		
		Acquisition of other businesses (incluin this offering that may be used in eanother issuer pursuant to a merger	xchange for the assets or	securities of	\$			\$		
		Repayment of indebtedness						\$		
		Working capital			\$			\$		
		Other (specify) investment in securiti	<u>es</u>		\$		$\boxtimes$	\$ indeterminate		
							-			
					\$			\$		
		Column Totals					$\boxtimes$	\$		
		Total Payments Listed (column totals	added)				inc	leterminate		
			D. FEDERAL S	IGNATURE						
The	icene	r has duly caused this notice to be si				con If this notice	is file	ed under Rule 505, the		
follo	wing	signature constitutes an undertaking its staff, the information furnished by	g by the issuer to furnish the issuer to any non-act	h to the U.S. See	cur	ities and Exchange	Com	mission, upon written		
Issu	er (Pr	int or Type)	Signature 1	0			D	ate		
OSPREY OPPORTUNITY FUND, L.P.			Iguil					January 14, 2004		
Nan	ne of	Signer (Print or Type)	Title of Signer (Print or	Type						
Ma	itthe	w Bennett	BY: Managing Memb General Partner of		Gl	ROUP ASSET M	ANA	AGEMENT, LLC,		
			ATTENTION		******					
		Intentional misstat			sti	tute federal				
		4	al violations. (See 1							